

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/519853

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7						
8						
9	1					
10		1				
11	1					
12		1				
13	1					
14						
15	1					
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19						
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21						
22	1					
23	1					
24		1				
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30	1					
31	1					
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34						
35						
36						
37	1					
38	1					
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42						
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	10					
TOTAL DEP.	20					
TOTAL CLAIMS	30					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						